

In response to the needs of the people served by LUM, I/we commit the following gift:



\$ _____ Total Pledge \$ _____ Amount Included today

For three years I/we will pay:

- \$ _____ Yearly, beginning _____
- \$ _____ Quarterly, beginning _____
- \$ _____ Monthly, beginning _____
- Other: _____

My employer offers a matching gift program.

Company Name: _____

- Please contact me about including LUM in my (our) estate planning
- I would like to remain anonymous

Donor(s) signature _____ Date _____

Donor Information *(please print)*

Name _____

Address _____

City, State, Zip _____

Phone _____

E-mail _____



Payment Method:

- Cash Credit Card
- Check Other

Please make checks payable to **Lafayette Urban Ministry**

Credit card: **Visa/MC**

Card # _____

Expiration Date: ____ / ____ / ____

You may also give on-line at
www.lafayetteurbanministry.org

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